

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

 FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

|   |                              |
|---|------------------------------|
| <010> Study Area Code   | 309004                       |
| <015> Study Area Name   | Cincinnati Bell Wireless LLC |
| <020> Program Year  | 2015                         |
| <030> Contact Name: Person USAC should contact with questions about this data         | Patricia Rupich              |
| <035> Contact Telephone Number:<br>Number of the person identified in data line <030> | 5133976671 ext.              |
| <039> Contact Email Address:<br>Email of the person identified in data line <030>     | pat.rupich@cincbell.com      |

| ANNUAL REPORTING FOR ALL CARRIERS | 54.313<br>Completion<br>Required | 54.422<br>Completion<br>Required |
|-----------------------------------|----------------------------------|----------------------------------|
|-----------------------------------|----------------------------------|----------------------------------|

|   |   |                           |                          |                                     |
|---|---|---------------------------|--------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting                                     | (complete attached worksheet)             | (check box when complete) | <input type="checkbox"/> | <input type="checkbox"/>            |
| <200> Outage Reporting (voice)  | (complete attached worksheet)             |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report |   |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <300> Unfulfilled Service Requests (voice)                                      |   |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <310> Detail on Attempts (voice)  | (attach descriptive document)             |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <320> Unfulfilled Service Requests (broadband)                                  |   |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <330> Detail on Attempts (broadband)  | (attach descriptive document)             |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <400> Number of Complaints per 1,000 customers (voice)                          |   |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> Fixed   | 0.0                                       |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile  | 0.02                                      |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband)                      |   |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <440> Fixed   |   |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <450> Mobile  |   |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <500> Service Quality Standards & Consumer Protection Rules Compliance          | (check to indicate certification)         |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> 3090040H510.pdf   | (attached descriptive document)           |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations                                     | (check to indicate certification)         |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> 3090040H610.pdf   | (attached descriptive document)           |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice)   | (complete attached worksheet)             |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <710> Company Price Offerings (broadband)                                       | (complete attached worksheet)             |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <800> Operating Companies and Affiliates  | (complete attached worksheet)             |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>  | (if yes, complete attached worksheet)     |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <1000> Voice Services Rate Comparability  | (check to indicate certification)         |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <1010>  | (attach descriptive document)             |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>  | (if not, check to indicate certification) |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <1110>  | (complete attached worksheet)             |                           | <input type="checkbox"/> | <input type="checkbox"/>            |
| <1200> Terms and Condition for Lifeline Customers                               | (complete attached worksheet)             |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

|        |                                   |                          |                          |
|--------|-----------------------------------|--------------------------|--------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | (complete attached worksheet)     | <input type="checkbox"/> | <input type="checkbox"/> |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

|        |                                   |                          |                          |
|--------|-----------------------------------|--------------------------|--------------------------|
| <3000> | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <3005> | (complete attached worksheet)     | <input type="checkbox"/> | <input type="checkbox"/> |

**(100) Service Quality Improvement Reporting  
Data Collection Form**

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July 2013

|       |   |  |
|-------|---|--|
| <010> | Study Area Code   | 309004   |
| <015> | Study Area Name   | Cincinnati Bell Wireless LLC                           |
| <020> | Program Year  | 2015   |
| <030> | Contact Name - Person USAC should contact regarding this data   | Patricia Rupich  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>                                 | 5133976671 ext.  |
| <039> | Contact Email Address - Email Address of person identified in data line <030>                             | pat.rupich@cinbell.com                                 |
| <110> | Has your company received its ETC certification from the FCC?   | (yes / no) <input type="radio"/> <input type="radio"/> |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

|  |
|--|
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### Data Collection Form

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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5133976671 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com       |

[illegible]

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| <010> | Study Area Code   | 309004                       |
| <015> | Study Area Name   | Cincinnati Bell Wireless LLC |
| <020> | Program Year  | 2015                         |
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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5133976671 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com       |

[illegible]

(710) Broadband Price Offerings  
Data Collection Form

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com       |

[illegible]



|   |  |
|---|--|
| (800) Operating Companies<br>Data Collection Form | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|---|--|

|       |   |                               |
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| <020> | Program Year  | 2015                          |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Patricia Rupich               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5133876671 ext.               |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com        |
| <810> | Reporting Carrier   | Cincinnati Bell Wireless, LLC |
| <811> | Holding Company   | Cincinnati Bell Inc.          |
| <812> | Operating Company   | Cincinnati Bell Wireless, LLC |

[illegible]

**(900) Tribal Lands Reporting**  
**Data Collection Form**

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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5133976671 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com       |

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>(Yes, No,<br>NA) |
|----------------------------|
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |

**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5133976671 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com       |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐



**(1200) Terms and Condition for Lifeline Customers****Lifeline****Data Collection Form**

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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5133976671 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com       |

309004OR1210.pdf

&lt;1210&gt; Terms &amp; Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

&lt;1220&gt; Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

**(2000) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5133976671 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com       |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1)) ☐

<2011> 3rd Year Certification (47 CFR § 54.313(b)(2)) ☐

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

<2016> Certification Support Used to Build Broadband ☐

**Connect America Phase II Reporting (47 CFR § 54.313(e))**

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

## (3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

## Data Collection Form

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| <030> | Contact Name - Person USAC should contact regarding this data                 | Patricia Rupich              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5133976671 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cincbell.com      |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

## (3010) Progress Report on 5 Year Plan

Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

(3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}

(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

☒
☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☒
☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

Name of Attached Document Listing Required Information

(3026) Attach the worksheet listing required information

**Certification - Reporting Carrier  
Data Collection Form**

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| <020> | Program Year  | 2015                         |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Patricia Rupich              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5133976671 ext.              |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com       |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients  |   |
|---|---|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |   |
| Name of Reporting Carrier: Cincinnati Bell Wireless LLC   |   |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date 06/30/2014                           |
| Printed name of Authorized Officer: Mike Vanderwoude  |   |
| Title or position of Authorized Officer: Senior Vice President - Wireless   |   |
| Telephone number of Authorized Officer: 5133977685 ext.   |   |
| Study Area Code of Reporting Carrier: 309004  | Filing Due Date for this form: 07/01/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |   |

**Certification - Agent / Carrier  
Data Collection Form**

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| <039> Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com       |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |                                      |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                      |
| Name of Authorized Agent: _____  |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Signature of Authorized Officer: _____   | Date: _____                          |
| Printed name of Authorized Officer: _____  |                                      |
| Title or position of Authorized Officer: _____   |                                      |
| Telephone number of Authorized Officer: _____  |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |                                      |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Name of Authorized Agent or Employee of Agent: _____   |                                      |
| Signature of Authorized Agent or Employee of Agent: _____  | Date: _____                          |
| Printed name of Authorized Agent or Employee of Agent: _____   |                                      |
| Title or position of Authorized Agent or Employee of Agent: _____  |                                      |
| Telephone number of Authorized Agent or Employee of Agent: _____   |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |



## Attachments

(800) Operating Companies  
Data Collection Form

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | pat.rupich@cinbell.com        |
| <810> | Reporting Carrier   | Cincinnati Bell Wireless, LLC |
| <811> | Holding Company   | Cincinnati Bell Inc.          |
| <812> | Operating Company   | Cincinnati Bell Wireless, LLC |

[illegible]



**Cincinnati Bell Wireless, LLC**  
**Service Quality Standards & Consumer Protection Rules Compliance**  
**Ohio – SAC 309004**

CBW has established procedures to ensure compliance with applicable service quality standards and consumer protection rules, including, but not limited to: protection of CPNI as documented in its annual CPNI certification filed in EB Docket No. 06-36; Truth-in-Billing rules (47 C.F.R. § 64.2400 *et al*); Telemarketing rules (47 C.F.R. § 64.1200 *et al*); and Open Internet rules (47 C.F.R. § 8.1 *et al*). CBW complies with the FCC's Hearing Aid Compatibility (47 C.F.R. § 20.19) and CVAA requirements (47 C.F.R. Part 14), provides Wireless Emergency Alerts in accordance with 47 C.F.R. Part 10, and provides a variety of mechanisms by which subscribers can monitor and manage their usage to avoid bill shock. CBW also has processes and procedures in place to address consumer complaints. In addition, CBW provides 911 service throughout its service area.





**Cincinnati Bell Wireless, LLC**  
**Emergency Response Capabilities**  
**June, 2014**  
**Ohio – SAC 309004**

Cincinnati Bell Wireless, LLC ("CBW") owns 17 portable generators and five Cell on Wheels (COW's). These assets are stored and managed locally. The generator fleet is stored in two secured facilities, and they are routinely maintained. The generators are started "weekly" to ensure proper operation of each unit in the event of an emergency. The generator fleets is equipped with constant battery charging, and block heaters, in order to provide a high standard of reliability. The CBW COW's are stored at the same facility, and are routinely maintained in the same manner as the generators. Additionally, Cincinnati Bell Telephone owns and manages an additional 11 portable generators that can be brought to bear if circumstances warrant.

CBW has performance standards for the deployment of the generator fleet in the event of a power outage. CBW dictates a 4-hour deployment "standard" on a 24/7 basis in the event of a power outage. This means that that a generator will be on site to back-up our battery reserve plant within 4-hours of an outage. Normally, generators are not needed since the first-line of defense for a power outage is the on-site battery plant. The battery plant is tested and upgraded annually to ensure proper operation of the battery plant when a power outage occurs.

The five COW's are set-up to support the network as follows: Three of the units are positioned to support the GSM network, and have significant capacity capabilities. The remaining two units have dual technology functionality which enables them to support both the GSM and UMTS networks. This set-up provides a wide range of options to support any network outage or additional capacity needs that may be encountered. They are deployed yearly to support city recreational or sports events where high numbers of attendees require the need for additional capacity.

CBW purchases a vast majority of its transport facilities from the incumbent LEC. All of CBW' voice and data switches along with intermediate control switches (BSC's and RNC's) are collocated in the ILEC central offices which provide fully redundant transport and are powered by redundant power feeds, backed up by batteries along with permanently placed backup generators. Transport to cell sites is redundant up to multiple nodes scattered throughout the region.



Cincinnati Bell Wireless LLC  
Lifeline Terms and Conditions  
Ohio – SAC 309004

Cincinnati Bell Wireless LLC (CBW) is discontinuing Lifeline service effective July 1, 2014. CBW will convert any Lifeline customers remaining on June 30, 2014 to a comparable non-Lifeline plan on July 1, 2014.

Additionally, CBW stopped offering Lifeline service to new subscribers effective April 15, 2014. With these changes, CBW replaced the Lifeline plan information on its web site with information regarding the transition of existing Lifeline customers to non-Lifeline services. The attached brochure provides details regarding the Lifeline plans that CBW most recently offered in Ohio. Specifically, CBW offered a free Lifeline plan, the Connect Plan, which provided 250 free minutes per month. Roaming and usage beyond 250 minutes were ten cents per minute with the Connect Plan. CBW also offered several plans with monthly service fees that provided unlimited (non-roaming) minutes. CBW's plans/minutes did not differentiate between local and long distance calling, and separate long distance charges were not applicable.

### The Connect Plan – FREE

- 250 minutes per month
- 250 text messages/Free incoming
- Roaming and additional minutes just 10¢ per minute
- No data capabilities
- Minutes reset on the first of each month

### Weekly Connect Plan Bolt-ons Unlimited Talk & Text – \$10 per week

- Unlimited minutes
- Unlimited text messaging
- Pay-Per-Use data 5¢ per Kb

### Unlimited Talk, Text & Web – \$15 per week

- Unlimited minutes
- Unlimited text messaging
- Unlimited data access

### Lifeline Unlimited Talk & Text – \$25 per month

- Unlimited minutes
- Unlimited text messaging
- 100 Nationwide roaming minutes
- Pay-Per-Use data 5¢ per Kb

### Lifeline Mega Plan – \$35 per month

- Unlimited minutes
- Unlimited text messaging
- 1,000 Nationwide roaming minutes
- 100 MB of data, 5¢ per Kb of data over

### Lifeline Unlimited 4G Smartphone Plan – \$40 per month

- Unlimited minutes
- Unlimited text messaging
- 1,000 Nationwide roaming minutes
- Unlimited smartphone data

### Lifeline Unlimited Nationwide Smartphone Plan – \$50 per month

- Unlimited minutes
- Unlimited text messaging
- Unlimited Nationwide roaming minutes
- Unlimited data access

## Store Locations

### CINCINNATI

Cincinnati Bell  
inside Eastgate Mall  
Near Kohl's  
(513) 943-4301

Cincinnati Bell  
inside Northgate Mall  
Near Applebee's  
(513) 741-5600

Cincinnati Bell - Kenwood  
7565 Kenwood Rd.  
(513) 936-5700

Cincinnati Bell - West Chester  
7731 Tylersville Rd.  
(513) 759-2628

Cincinnati Bell - Western Hills  
50980 Glenway Crossing  
(513) 347-5900

Cincinnati Bell Exclusive Retailer  
Anderson Town Center  
7578 Beechmont Ave.  
(513) 233-2100

Cincinnati Bell Exclusive Retailer  
Dots Wireless  
2038 Beechmont Avenue  
Cincinnati, OH 45230  
(513) 233-2222

Cincinnati Bell Exclusive Retailer  
Harrison  
10567 Harrison Ave.  
(513) 367-1444

Cincinnati Bell Exclusive Retailer  
inside Jungle Jims  
5440 Dixie Hwy.  
(513) 858-2030

Cincinnati Bell Exclusive Retailer  
inside Tri-County Mall  
Near Hannoush Jewelers  
(513) 389-8600

Cincinnati Bell Exclusive Retailer  
Lebanon  
1525 Genntown Dr.  
(513) 228-2228

iwireless - Madisonville  
5812 Madison Ave.  
(513) 271-1100

iwireless - Mt. Healthy  
8063 Hamilton Ave.  
(513) 521-5111

iwireless - Pleasant Ridge  
6200 Montgomery Rd.  
(513) 787-8887

iwireless - Mt. Healthy  
10972 Hamilton Ave.  
(513) 648-9111

iwireless - Hamilton  
1035 High St.  
(513) 863-9004

iwireless - Forest Park  
699 Northland Blvd.  
(513) 742-2355

Warsaw Wireless  
Price Hill  
3417 Warsaw Ave.  
(513) 251-1201

Warsaw Wireless  
Mt. Airy  
2567 North Bend Ave.  
(513) 681-4888

Warsaw Wireless  
Western Hills  
6011 Glenway Ave.  
(513) 347-0674

Warsaw Wireless  
Camp Washington  
1327 Hopple St.  
(513) 681-4500

### DAYTON

Cincinnati Bell Exclusive Retailer  
inside Fairfield Commons Mall  
Upper Level, near Sears  
(937) 427-7200

Cincinnati Bell Exclusive Retailer  
Middletown  
620 S. Breiel Blvd.  
(513) 425-9695

iwireless - RTA-Hub  
4 S. Main St.  
(937) 660-7347

Warsaw Wireless - Salem  
3901 Salem Ave.  
(937) 396-2900

# Lifeline Program

Wireless service you can trust  
at a price you can afford

A Cincinnati Bell Wireless Service



### Rules Regarding the Lifeline Program:

- Lifeline is a federal benefit.
- Willfully making false statements to obtain Lifeline can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of FCC rules and will result in the subscriber's de-enrollment from the Lifeline program.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

### Lifeline customers must provide the following information:

- Your full name.
- Your full residential address.
- Whether your residential address is permanent or temporary.
- Your billing address, if different from the your residential address.
- Your date of birth.
- The last four digits of your social security number.
- The name of the qualifying assistance program from which you, or your dependents, or your household receives benefits, if the subscriber is seeking to qualify for Lifeline under the program-based criteria.
- The number of individuals in the subscriber's household if the subscriber is seeking to qualify for Lifeline under the income-based criterion.

### Lifeline customers are required to certify the following, under penalty of perjury:

- My household meets the income-based or program-based eligibility criteria for Lifeline.
- I will notify Cincinnati Bell Wireless within 30 days if my household no longer qualifies for Lifeline, e.g., no longer meets income or program eligibility, or any household member receives another Lifeline benefit.
- I will notify Cincinnati Bell Wireless of a new address within 30 days of moving.
- If the address I provided is a temporary address, I will verify my temporary address every 90 days.
- Lifeline benefits are limited to one per household, including landline and cell phones. To the best of my knowledge, my household is not already receiving a Lifeline service.
- A household is not permitted to receive Lifeline benefits from multiple providers
- I certify that all information on this application is true and correct to the best of my knowledge and I acknowledge that providing false or fraudulent information to receive Lifeline is punishable by law.
- I acknowledge that I may be required to recertify eligibility for Lifeline at any time, and failure to recertify will result in de-enrollment and termination of my Lifeline benefits.
- I will not transfer my Lifeline service to any other person.
- I understand that if my mobile service is inactive for 60 or more days, I may be de-enrolled from the Lifeline program.
- I consent to transmission of any information on this application to the federal Lifeline program administrator to ensure proper administration of the Lifeline program including use in a Lifeline customer database to verify lifeline eligibility and that my household does not receive duplicate Lifeline benefits.

### Qualifying Benefit Programs:

- **Proof of one of the following programs is required to establish service (i.e. statement of benefits, benefit program card, W2, Tax Return, pay stubs for the past 3 months)**
- Section 8/Federal Public Housing Assistance
- Medicaid
- Supplemental Nutrition Assistance Program (Food Stamps)
- Supplemental Security Income (SSI)
- HEAP (Any Home Energy Assistance Program)
- Social Security Disability Insurance (SSDI) – Blind or Disabled
- General Assistance / Disability Assistance
- National Free School Lunch Program
- Temporary Assistance to Needy Families/Ohio Works
- Income Eligibility (Income at or below 150% of the federal poverty level)

### Ohio: 150% of the 2013-2014 federal poverty guidelines (used for PIPP Plus)

| Family Size | Yearly Income Limit | Gross Monthly Income |
|-------------|---------------------|----------------------|
| 1           | up to \$17,235      | \$1,436.25           |
| 2           | \$23,265            | \$1,941.25           |
| 3           | \$29,295            | \$2,441.25           |
| 4           | \$35,325            | \$2,943.75           |
| 5           | \$41,355            | \$3,446.25           |

**Completion of a Lifeline application does not guarantee enrollment in the Lifeline program. Enrollment in Lifeline is contingent upon verification of eligibility.**



